

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/IPC-08	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
IHC Report						STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL	<input checked="" type="checkbox"/> TRAINING	<input checked="" type="checkbox"/> Commo		ADMIN. GENERAL	
		<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/> SECURITY			OTHER (specify)	
		<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> FINANCE			ADP	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
2		Semi Annual			2 - OPPB		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		IHC-D-130/4		
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Directorate				Received from 7 DD/S Directorates, worked, consolidated, and fed to OPPB			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
13	9.40	24		\$225.60	2		\$451.20
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in Item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
USIB & PFIAB requirement - May 1970							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE						STAT	
16. DATE OF INVENTORY						17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	